

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90146-044-\$550.00-\$550.00

DOCUMENT # P99000064470

1. Entity Name
HIGH POINT REAL ESTATE CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:43

Principal Place of Business
639 CLEVELAND STREET
SUITE 200
CLEARWATER FL 33755

Mailing Address
639 CLEVELAND STREET
SUITE 200
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593 589 262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERR, DAVID L
300 N. OSCEOLA AVENUE
APT. 5-C
CLEARWATER FL 33755

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

David L. Kerr DAVID L. KERR 9/13/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. ~~OFFICERS AND DIRECTORS~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~DAVID L. KERR~~ ☐ Delete
NAME
STREET ADDRESS 300 N OSCEOLA AV 5C
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~MICHAEL ZIMMER~~ ☐ Delete
NAME
STREET ADDRESS 300 N OSCEOLA 6B
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Kerr DAVID L. KERR 9/13/00 727466447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)